

Block One: General Information			
Line 1: RHC Invoice Number		Line 6: Vendor/Applicant Invoice Number	
Line 2: FRN		Line 7: SPIN	
Line 3: HCP Number		Line 8: Vendor Name	
Line 4: Site/Consortium Name		Line 9: Total Invoice Amount	
Line 5: Funding Year:			

[illegible]

### Block Five: Supporting Documentation

Line 10: Applicants and/or vendor may, if they so choose, attach supporting documentation, including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this Form 463. By providing copies of the bills and/or supporting documentation, the applicant and vendor will ensure that USAC has such documentation available for any future audit. See 47 C.F.R. § 54.648

### Block Six: Vendor Certifications and Signatures

- ☐ Line 11: I certify that I am authorized to submit this Form 463 on behalf of the vendor.
- ☐ Line 12: I understand that the vendor must apply the amount submitted, approved, and paid by USAC (Column P - USF support amount to be Paid) to the billing account of the health care provider(s) and FRN/FRN IDs listed on this invoice.
- ☐ Line 13: I declare under penalty of perjury that I have examined this form and attachments to the best of my knowledge, information, and belief, the dates, quantities, and costs provided under Block three of this Form 463 are true and correct.

Line 14: Signature	Line 15: Date
Line 16: Printed Name of Authorized Person	
Line 17: Title/Position of Authorized Person	
Line 18: Phone	Line 19: Email
Line 20: Employer	Line 21: Employer's FCC RN

### Block Seven: Applicant Certifications and Signatures

- ☐ Line 22: I certify that I am authorized to submit this Form 463 on behalf of the healthcare provider or consortium.
- ☐ Line 23: I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained on this Form 463 is true and correct.
- ☐ Line 24: I declare under penalty of perjury that the HCP or consortium members have received the related services, network equipment, and/or facilities itemized on this Form 463.
- ☐ Line 25: I declare under penalty of perjury that the required 35 percent minimum contribution for each item on the Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the vendor.

Line 26: Signature	Line 27: Date
Line 28: Printed Name of Authorized Person	
Line 29: Title/Position of Authorized Person	
Line 30: Phone	Line 31: Email
Line 32: Employer	Line 33: Employer's FCC RN

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.